



Commissioner for Patents  
Washington, DC 20231  
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CONFIRMATION NO. 3073

Bib Data Sheet

SERIAL NUMBER 09/808,312	FILING DATE 03/14/2001 RULE	CLASS 704	GROUP ART UNIT 2654	ATTORNEY DOCKET NO. YOR20010010US1
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**APPLICANTS**

Sabine Deligne, White Plains, NY;  
Ramesh A. Gopinath, Millwood, NY;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 04/20/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

35195

**TITLE**

Multi-channel codebook dependent compensation

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
[www.uspto.gov](http://www.uspto.gov)



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SERIAL NUMBER 09/808,312	FILING DATE 03/14/2001 RULE	CLASS 704	GROUP ART UNIT 2641	ATTORNEY DOCKET NO. YOR20010010US1
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**APPLICANTS**

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 Ramesh A. Gopinath, Millwood, NY;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE**

GRANTED \*\* 04/20/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

## REFERENCE &amp; ASSOCIATES

129 Oakhurst Road  
 Pittsburgh ,PA 15215

**TITLE**

Multi-channel codebook dependent compensation

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\*\* 04/20/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

**Verified and Acknowledged**

*M. L. Lewis* *MAL*  
Examiner's Signature Initials

**ADDRESS**

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**TITLE**

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